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the important points to be considered by the International Sanitary Bureau when it undertakes the study of the modification of the Washington convention.

(24) This resolution is of value in order to facilitate the work of the conferences. The report of each delegation should be printed and in sufficient number, so that it may be distributed to the other delegates and to the press. This would lead to a better appreciation of the work presented and to more intelligent discussion. Several of the delegations at the conference had their reports in this form.

Great credit is due Dr. Alejandro del Río, the president, and Dr. Gregorio Ammunátigui, the secretary of the conference, for the work of organization and the admirable way in which they handled the sessions of the conference, which in point of nationalities represented surpassed all others, and in the importance of the resolutions adopted compares favorably with any.

The visiting delegates were the recipients of every courtesy and the utmost hospitality from the Chilean authorities and the people in general.

The appreciation and thanks of the United States delegation are also due to the American minister, Mr. Henry P. Fletcher, and the American consul in Valparaiso, Mr. Alfred A. Winslow, for many courtesies extended.

OPHTHALMIA NEONATORUM.

The records of institutions for the blind show that from 23 to 35 per cent of the inmates have become blind as a result of ophthalmia neonatorum. This is an index, however, only of those who have been made totally blind by the disease. There are at least an equal number of persons who have had their vision impaired to a greater or less degree. The control of ophthalmia neonatorum is especially worthy of attention, as experience has shown that in most cases at least the disease can be prevented by the use of prophylactic measures on the part of the physician or midwife. When cases do develop, the recognition of the seriousness of the affection and the employment of proper treatment will in many instances prevent the loss of vision.

Many of the States have recognized in various ways the need of measures to control the disease. Some have issued instructions regarding the proper methods of prophylaxis and some also furnish packets containing preparations of silver salts for use in the eyes of the new born. The disease is notifiable to the health authorities in the same way as other diseases in Connecticut, Massachusetts, Minnesota, Nebraska, New York, Oregon, South Carolina, Utah, Vermont, and Wisconsin.¹ In certain other States cases are required to be reported by the nurse, midwife, or parents, to the health department only when no physician is in attendance. In these instances no report is required of physicians. In other States reports of cases are to be made by the nurse or other person in charge of the

¹ Public Health Bulletin No. 45, A Digest of the Laws and Regulations of the Various States Relating to the Reporting of Cases of Sickness. Public Health and Marine-Hospital Service, 1911.

Public Health Bulletin No. 49, Ophthalmia Neonatorum, An Analysis of the Laws and Regulations Relating Thereto in Force in the United States. Public Health and Marine-Hospital Service, 1911.

infant to a legally qualified practitioner of medicine, and in still other States the report may be made either to the health department or to a physician.

The laws and regulations of Utah require that physicians and midwives shall report to the local health authorities every case where a newly born child has an inflammation of the eyes accompanied by a discharge. Upon being notified of the existence of a case, the local health officer is to ascertain that proper treatment is being given to the infant. The health officer is also to immediately report the case by telegraph or telephone to the State board of health. The treatment which shall be given is also outlined.

The laws and regulations of Utah are as follows:

UTAH.

[Acts of 1911, ch. 61.]

SEC. 1. It shall be the duty of every physician and every midwife attending a case of childbirth to report to the local board of health every case where the newly born child has inflammation of the eyes attended by a discharge therefrom. Such report to be made within six hours after the appearance of such disease. It shall be the duty of such physician or midwife to treat the eyes of the child so afflicted in accordance with the rules of the State board of health. Every physician and midwife failing to comply with the provisions of this act shall be guilty of a misdemeanor.

[Rules, State board of health.]

Rule 1. No midwife shall treat any case of ophthalmia neonatorum or inflammation of the eyes of a newly born infant unless it is impossible to secure the services of a physician, provided that in case the services of a physician shall be secured a midwife may begin and carry out treatment until his arrival.

Rule 2. In the event that the services of a physician can not be secured, midwives are authorized to use and apply the following treatment:

Immediately upon the discovery in a newly born infant of an inflammation of the eyes, attended by a mattery discharge therefrom, five drops of a 20 per cent solution of argyrol shall be dropped into the eyes with an eye dropper, after having separated the lids with the thumb and finger; and this treatment shall be repeated every hour for four days, and longer if a discharge is still present. After four days, if the discharge has ceased, the treatment may be reduced in frequency to intervals of four times daily for several days, until it is shown that the discharge is not liable to return.

Before each application of the argyrol solution the eyes should be thoroughly irrigated, and cleansed by dropping or pouring into them a 1 per cent solution of chloride of sodium (common salt) or a saturated solution of boric acid. For practical purposes the salt solution may be prepared by dissolving one teaspoonful of salt in a pint of water.

NOTE.—The person treating the eyes should exercise the utmost care to avoid touching the cornea (eyeball), as there is great danger of causing serious injury thereby. In applying the treatment the child should be placed flat upon its back and the head so held that the solution will not quickly escape from the eyes.

Inasmuch as the secretions from the eyes are very infectious, care should be taken to destroy all articles contaminated by them, and to sterilize the hands after each treatment.

The treatment above described is considered by eminent authorities to be entirely effective and safer than solutions of nitrate of silver, and it is recommended to all physicians in general practice.

Solutions of argyrol quickly deteriorate and should be freshly prepared for every case. Upon request the State board of health will furnish materials for preparing fresh solutions.

It is recommended that physicians and midwives shall make one application of the argyrol solution at the birth of every child as a prophylactic or preventive treatment, after having first thoroughly wiped the eyes with absorbent cotton or soft clean linen and bathed them with a saturated solution of boric acid.

Rule 3. On receipt of notification under this act, it shall be the duty of the local health officer to immediately investigate the case and satisfy himself that the rules of the State board of health are properly complied with. He shall also immediately report the case to the State board of health by telephone or telegraph.

The following instructive report of the social and medical history of cases of ophthalmia neonatorum treated in the Massachusetts Charitable Eye and Ear Infirmary from 1907 to 1911 appeared in the December, 1911, Bulletin of the Massachusetts State Board of Health, reprinted from the fourth report of social-service work at the infirmary:

OPHTHALMIA NEONATORUM.

By CATHERINE BRANNICK, Head Worker of the Social Service Department, Massachusetts Charitable Eye and Ear Infirmary.

It is now four years since the department began the study of ophthalmia neonatorum by securing wherever possible a social and medical history of each case treated in the hospital wards. In that period 388 cases have been under observation.

Following are the more important statistics of these cases:

Place of birth of child:	
At home.....	320
In hospital.....	63
Unknown.....	5
Birth attended by:	
Physician—	
Private.....	272
Dispensary.....	30
City.....	3
Hospital.....	63
	— 368
Midwife.....	10
Unattended by midwife or physician.....	3
Unknown.....	5
Condition of eyes on admission to hospital:	
Cornea clear.....	321
Cornea involved.....	67
Condition of eyes on discharge:	
Normal vision.....	323
Partially blind.....	42
Totally blind.....	23
Nationality in 354 cases: ¹	
English-speaking parentage (British Provinces, American, Irish).....	218
French Canadian.....	29
Jewish.....	31
Italian.....	25
Colored.....	23
Swedish.....	5
Portuguese.....	5
Polish.....	4
German.....	3
Dutch.....	2
Syrian.....	3
Lithuanian.....	1
Greek.....	1
Unknown.....	4
Sent to infirmary from—	
Boston.....	198
36 other Massachusetts towns.....	151
Other States.....	5

Statistics of cases of 65 babies who became blind or partially blind are as follows:

Place of birth:	
At home.....	61
In hospital.....	4

¹ Complete record of nationality not kept during first year of study.

Birth attended by—		
Private physician.....		55
Hospital physician.....		4
Midwife.....		3
Unattended.....		2
Unknown.....		1
Nationality:		
English-speaking parentage.....		33
French Canadian.....		15
Italian.....		4
Jewish.....		5
Swedish.....		2
Polish.....		2
Syrian.....		1
Lithuanian.....		1
Colored.....		2

In the 4 years during which this study has been going on a systematic campaign of education on this subject has been conducted by private and public institutions in this State and elsewhere. In Massachusetts, especially, the work for the prevention of blindness from this cause has been markedly progressive and far-reaching, and yet in our study of the 109 cases of infant ophthalmia treated at the infirmary during the past 12 months there are included the histories of 8 babies made totally blind and 3 partially blind by this disease. These histories are but repetitions of the histories of other little unfortunates contained in the studies of previous years. In every case the baby was admitted to hospital too late to save the vision; in every case the eye condition had been treated by a physician who had failed to take into account the serious nature of the disease and the necessity of intelligent nursing from the start; in every case the parents had been completely ignorant of the disease and its possible consequences.

In the face of the widespread work for prevention, the histories of these 8 blind babies, the largest number of totally blind noted in a single year since the study began, would make discouraging reading if one did not know the context. During the first year of the study it became evident that our figures could give no indication of the problem throughout the State, as the babies sent to the infirmary practically all came from greater Boston. The law making it obligatory to report such cases to the board of health had then been in force for more than a year, yet one local board of health after another gave information that no cases had been reported and that the board of health itself knew nothing of the disease. Since that time the work of the Massachusetts board of health and of the commission of the blind throughout the State, and that of the Boston board of health in this city, has brought about a very different situation. Very many of the cases treated at the infirmary during the past year were sent there through local boards of health, and the number of cases from the more distant parts of the State has increased each year. In the beginning it was felt that many cases of blindness from ophthalmia neonatorum might have occurred in Massachusetts other than those treated too late at the infirmary or those reported later to the commission for the blind. Facts gathered through the State by the commission for the blind bear out this view. It is probably true, then, that blindness from this cause is in reality decreasing, but that we are much nearer to knowing the actual extent of it in the State.

Further evidence of this may be found in a comparison of the number of babies made partially or totally blind for the following successive years:

Years.	Number under observation.	Number made blind or partially blind.
1907-8.....	46	12
1908-9.....	116	29
1909-10.....	119	13
1910-11.....	107	11

As the partially blind babies have only sheer good luck to thank for the fact that they are not totally blind, the neglect in practically all of these cases having been quite as flagrant as in the cases of those who suffered complete loss of sight, the conclusion to be drawn from these figures is very hopeful. Babies still become blind, but the percentage of neglected cases has been cut almost two-thirds in the past three

years. This result has undoubtedly been brought about by the educational campaign conducted by the boards of health of the State and city and by the State Commission for the Blind, perhaps the most concentrated and persistent piece of social work ever attempted on a single subject by public institutions. Although the history of blindness in these babies repeats the same facts this year as in the first year of the study, the after history is quite different. To-day the baby has a hearing; and not alone the living blind baby, but also the dead blind baby and the partially blind baby, whose cases once were not at all considered. The work of prosecuting the responsible persons, begun by the Boston board of health and carried into the State by other institutions, has given the story of the babies the publicity so much needed.

The most unexpected finding in our four years' study has been the fact that the doctors and not the midwives are responsible for blindness from ophthalmia neonatorum. So far as our figures show, however, this is not because midwives have been careful while doctors have been careless, but because the midwife has appeared very little in our figures. Out of the 388 cases under observation, a midwife has attended the birth in only 10 cases. Neglect was shown in 3 of these, a high percentage when compared with the percentage of neglect in cases attended by physicians.

The doctor of Massachusetts, then, must be held responsible, and back of him his medical school. The public social institutions have been able to do much in the way of prevention, but much of their work is necessarily corrective, after the harm has been done. The institutions in the best position to do preventive work are the medical schools, and upon these should be placed the burden of that eternal vigilance which must always be the price of sight for the babies.